			Application or Docket Number									
	PATENT A	PPLICATIOI Effecti		100 17156								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	miv ⊐	OR	OTHER SMALL I	
TOTAL CLAIMS			40					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 36			X\$ 9=		OR	X\$18=	468
INDEPENDENT CLAIMS			2 2 minus 3 =		19		l l	X42=		OR	X84=	1598
MU	LTIPLE DEPENI	DENT CLAIM PF	RESENT					+140=	-	OR	+280=	
* If	the difference i	in column 1 is I	less than zero, enter "0" in column 2				ļ	TOTAL		OR	TOTAL	2804
CLAIMS AS AMENDED - PART II								,			OTHER	THAN
		(Column 1)			mn 2) HEST	(Column 3)	י ר	SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENIQMENT		NUM PREVI	MBER MOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	* LO	Minus	** /	HG.	=]	X\$ 9=		OR	X\$18=	<u></u>
AMENDMENT	Independent	- 22	Minus	*** &	12	=/]	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=	ļ	OR	+280=	
								TOTAL	 	OR	TOTAL	
		(Column 1)		(Cale	ımn 2)	(Column 3		ADDIT. FEE	<u> </u>	1~''	ADDIT. FEE	
<u></u>		CLAIMS REMAINING		HIG	HEST MBER	PRESENT	۱ [ADDI-	Ì		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREV	IOUSLY D FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDM	Total	*	Minus	**		=	4	X\$ 9=		OR	X\$18=	
AME.	Independent	*	Minus	***	IT CLAIRA	<u> -</u>	4	X42=		OR	X84=	
<u> </u>	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3	<u>)</u>			_		
ပ		CLAIMS REMAINING		NU	HEST MBER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT			/IOUSLY D FOR	EXTRA		MAIL	FEE		TAIL	FEE
AMENDMENT C	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	UT C' A''	-	4	X42=		OR	X84=	
ᄕ	FIRST PRESE	ENTATION OF M	OLTIPLE DE	PENDE	VI CLAIN	<u>'</u>	4	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL	_	OR	TÖTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	THE HIGHEST NUI								emark Office, U			E COMMEDO